STATE COLLANDON
DATE RECID 07-09-96
DATE APEVID 02-12-96
HCFA 179 96-03

Revision: HCFA-PM-87-9 (BERC

AUGUST 1987

State/Territory: OKLAHOMA

Requirements for Third Party Liability - Identifying Liable Resources

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

1. Data exchanges occur for applicants and recipients between the DHS Family Support Services Division (administers eligibility determination for Title IV-A, SSP, Food Stamps, MAO, etc.) and the Oklahoma Employment Security Commission on a bimonthly schedule for the Statewide Information Collection Agency (SWICA) and weekly for Unemployment Insurance Benefits (UIB).

The SSA wage and earnings file is accessed through the monthly BENDEX with response frequency as determined by the SSA.

Data exchanges between DHS Family Support Services Division and the State Workers Compensation Files are performed weekly.

OHCA's Third Party Unit's intent is to accomplish data exchanges with State Motor Vehicle Accident Report Files. (Correspondence regarding this data exchange was submitted with this plan amendment.) Oklahoma does not have "no-fault" insurance policies in effect.

Oklahoma MMIS uses the Diagnosis and Trauma Code edits in processing all Medicaid claims. Diagnosis code range of 800 through 999, with some exceptions, is used for the purpose of determining the legal liability of third parties.

Each quarter, the MMIS produces an extract of claims adjustment transactions (recoveries) by trauma diagnosis code that identify diagnosis codes which yield the highest third party collections.

2. The Family Support Services Division monitors timeliness of response to data exchange matches from all sources through supervisory and systems control to assure compliance with the 30 day follow-up requirement. The actions to be taken include update of third party resource files with available medical insurance information on employees and dependents.

All adds, changes or closures to the third party resources file are extracted daily and entered onto the Oklahoma MMIS Recipient Master File for the appropriate action. Audit trails and dated activity reports verify action is taken within the thirty (30) day timeframe.

DHS Family Support Services Division refers information on potential Workers' Compensation Cases to the OHCA Third Party Unit. These are date stamped upon receipt and added to the MMIS Recipient Master File (TPL) Data Base) and also incorporated in the eligibility case file. Recovery is initiated within the specified sixty (60) day timeframe.

Revised 09-01-96

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OMB NO.: 0938-0193

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TN No. Supersedes pproval Date 11/196
TN No. Supersedes pproval Date 11/196

Effective Date 09/01/96

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

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OMB NO.: 0938-0193

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## State OKLAHOMA

Requirements for Third Party Liability - Identifying Liable Resources

If the information entered on the YMIS Recipient Master File is verified, an indicator is fixed to initiate retroactive recovery and future claims will be cost avoided.

For information that is not verified, a verification letter is generated and mailed to the insurance carrier with instructions to respond. If no response is received within sixty (60) days, then a positive verification indicator is set and the process described above is repeated.

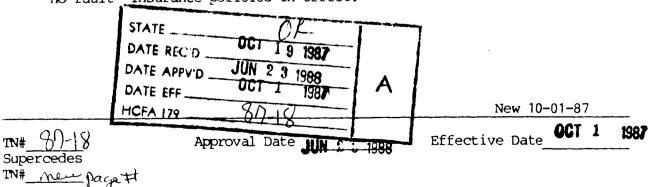
When a Workers' Compensation Referral is made, this is entered onto the Recipient Master File and a retro flag is set. Paid history is reviewed and recovery is initiated if threshold is met. If threshold is not met future claims will be reviewed for a twelve (12) month period based upon the type of settlement.

If the threshold is not met at the end of the twelve (12) month period, an ending date is entered onto the Recipient Master File and the case is closed.

For private insurance, if the information entered on the MMIS Recipient Master File is verified, an indicator is fixed to initiate retroactive recovery and future claims will be cost avoided.

For information that is not verified, a verification letter is generated and mailed to the insurance carrier with instructions to respond. If no response is received within sixty (60) days, then a positive verification indicator is set and the process described above is repeated.

(3) DHS Third Party Unit's intent is to accomplish data exchanges with State Motor Vehicle Accident Report Files. (Correspondence regarding this data exchange was submitted with this plan amendment.) Oklahoma does not have "no-fault" insurance policies in effect.



Revision:

HCFA-PM-87-9 (BERC)

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Requirements for Third Party Liability - Identifying Liable Resources

4. Weekly diagnosis and trauma code editing is performed in the MMIS claims processing stream. When a claim is paid with a diagnosis in the range of 800 through 999, with some exceptions, and/or a trauma edit, the system produces an accident questionnaire which is forwarded to the Medicaid recipient. Subsequent claims for the Medicaid recipient are flagged and automatically accumulated to the cost effective threshold of \$250.00.

Each questionnaire is reviewed and questionnaire leads (attorneys, liability carriers, etc.) are contacted by letter and/or telephone to determine the extent and availability of third party funds. After a liable third party is identified, the verified information is incorporated into the MMIS resource file within (30) days of its identification and required recovery action is initiated. After a verified resource record is added to the MMIS, new claims are identified by the system each week and automatically added to a control file which allows related claims to be moved to the postpayment billing file. The billing file is updated as needed to include the new claims in the filling submitted to the third party payers for reimbursement.

STATE CALLANDA

DATE REC'D D - 09-90

DATE APPV D 07-10-96

DATE EHF 09-01-96

HCFA 179 96-03

Revised 09-01-96

TN No. 96-05
Supersede Date 01/11/96
TN No. 90-04
Date 01/11/96

Effective Date

09/01/96